Copy / OE 3 THE UNITED STATES, Dr., Payer's Account No. 1016 (Copy / OE 3 Copy /			oved For						_ [DAI	D BV		
The United States, Dr., Payer's Account No. 1016. (Payer) (City) (PAID BY			
HE UNITED STATES, Dr., Payee's Account No. 1016. (Enter cheerfelies, item number of contract or Federal supply of Strikes) ARTICLES OR SERVICES (Enter cheerfelies, item number of contract or Federal supply of Strikes) Date of Delivery or Strikes Contract No. 2010 Contract No. 2011 Date Contract No. 2011 Contract No. 2011 Date Contract No. 2011 Date Contract No. 2011 Contract No. 2011 Contract No. 2011 Date Contract No. 2011 Contract No. 2011 Contract No. 2011 Date Contract No. 2011 Con	oucher prep	ared at		(Giv	o place and date)					•	المنشور در در الم		
COPY / OS \$ COPY / OS \$													
(A)dress) (A)dress) (A)dress) (A)dress) (Clts) (Controller)		III UIIIID DIRIID, Dig											
(City) (C	o			(Payee)	,				- J				
No. and Date of Date of Delivery Center description, team number of contract or Federal supply chedule, and other information deemed mecessary) Cost Per Dollars Cost									_ L				
No. and Date of Order or Service Control Cost Per Dollars Cost Per Dollars Cost Per Dollars Cost Discount Terms Cost Discount Terms Cost		(Add	ARTICLES OR SERVICES						UNIT	PRICE	AMOUN'	T	
AVMENT: Complete Partial Use continuation sheet(s) if necessary hipped from to Weight Government B/L No. Total Sold Sign original only) Date Amount verified; correct for	No. and Date of Order		sched	ule, and other in	nber of contract of comments of the comments o	or Federal su d nocessary)	pply	QUANTITY	Cost	Per	Dollars	Ct	
Complete Partial Use continuation sheet(s) if necessary Final Use continuation			Costs								6,366	8	
Complete Partial Use continuation sheet(s) if necessary Total \$6,366 Erical Use continuation sheet(s) if necessary Total \$6,366 Erical E													
Complete Partial Use continuation sheet(s) if necessary Final Use continuation						•							
Complete Partial Use continuation sheet(s) if necessary Total \$6,366 Empirical Use continuation sheet(s) if necessary Total \$6,366 Empirical E							•						
Partial Use continuation sheet(s) if necessary Total \$6,366 Employed from to Weight Government B/L No. Total \$6,366 Employed from to Weight Government B/L No. Total \$6,366 Employed from to Weight Government B/L No. Total \$6,366 Employed from to Weight Government B/L No. Total \$6,366 Employed from this space) Differences Capture of the United States Capture of the United	·										!		
hipped from to Weight Government B/L No. Total \$6,366 E certify that the above bill is correct and just and that payment has not been received. Certify that the above bill is correct and just and that payment has not been received. Cign original only) Date Amount verified; correct for (Signature or initials). Contract No. Alol Date Req. No. Date Invoice Rec d. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. Approve STATINTL Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) STATINTL STATINTL Check No. dated 19 for \$ 100 Treasurer of the United States (Tayor of payee named above.)									, N				
certify that the above bill is correct and just and that payment has not been received. Contract No. AlOl Date Req. No. Date Invoice Rec. d. Contract No. AlOl Date Req. No. Date Invoice Rec. d. Contract No. Alol Date Reg. No. Date Invoice Rec. d. Contract No. Alol Date Reg. No. Date Invoice Rec. d. Contract No. Contracting Officer STATINTL Contracting Officer STATINTL Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN FURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTER AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown) other classification optional) STATINTL Check No. dated 19. for \$	Final			Use continuation					l		17 -76	_	
Contracting Officer STATINTL Contracting Officer The reverse of this form must be received. Check No. dated	hipped from	1	to	Weight	C	Sovernment B		NO	T thi		\$6,366	٤	
Amount verified; correct for	certify that the	above bill is correc	t and just and t	:hat payment has	not been received	l.	, ,	•					
Amount verified; correct for	, TINITI		(Sign origina	al only)								_	
Amount verified; correct for	IINIL	111 111										-	
Contract No. Alol Date Req. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. Approve SIGN ORIGINAL Title STATINTL Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) STATINTL STATINTL STATINTL STATINTL Check No	Date .					-			6		1.366	- 3	
Contract No. A101 Date Reg. No. Date Invoice Rec'd. Pursuant to authority vested in me, I certify that this account is correct and proper for payment. Approve By Contracting Officer STATINTL Title THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) STATINTL STATINTL STATINTL Check No. Check No. dated Added 19. for \$ Check No. Check No. Check No. dated Account in All Date Invoice Rec'd. Appropriate (Appropriate of the United States favor of payee named above.)							Amo (Sign	unt vermea; ature or init	tials)	OF			
Pursuant to authority vested in me, I certify that this account is correct and proper for payment. Approve	Contract No. A	101	Е	ate	Reg. No.								
Approve 1			I certify that th	is account is corr	ect and proper for	payment.				5/	1		
SIGN ORIGINAL Title Contracting Officer STATINTL Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) STATINTL STATINTL STATINTL Check No	rursuant to autin	nity vested in me,	- Coreny that the	7		+				/28/	56		
ONLY STATINTL Date THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) STATINTL Check No				12	SIGN	_		(Anthori	zed Certify	fing Officer	STATIN	ΤL	
Title				128/12		Title							
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) STATINTL Check No	Approve				_								
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) STATINTL Check No	Approve	ontracting	Officer	J / 0	CTATINIT	Date				IN ANY FORM			
STATINTL Check No dated, 19, for \$ {on Treasurer of the United States favor of payee named above.}	Approve By			EXECUTED WHEN PU			URED WITH	OUT WRITTEN	AGREEMENT	an mil I can			
Check Nodated	Approve By	THE REVERSE OF T	HIS FORM MUST BE		RCHASES ARE MADE O	R SERVICES SEC							
Check Nodated, 19, for \$	Approve By	THE REVERSE OF T	HIS FORM MUST BE		RCHASES ARE MADE O	R SERVICES SEC					•		
Check Nodated, 19, for \$	Approve By	THE REVERSE OF T	HIS FORM MUST BE		RCHASES ARE MADE O	R SERVICES SEC					•		
Check No dated, 19, for \$ {on Treasurer of the United States favor of payee named above.	Approve	THE REVERSE OF T	HIS FORM MUST BE		RCHASES ARE MADE O	R SERVICES SEC							
Check No dated, from the control of payee named above.	Approve By	THE REVERSE OF T	HIS FORM MUST BE		RCHASES ARE MADE O	R SERVICES SEC		ner classifica	tion optic				
Check No dated, from the control of payee named above.	Approve By	THE REVERSE OF T	HIS FORM MUST BE		RCHASES ARE MADE O	R SERVICES SEC		ner classifica	tion optic				
Check Nodated	Approve	THE REVERSE OF T	HIS FORM MUST BE		RCHASES ARE MADE O	R SERVICES SEC		ner classifica	tion optic				
Check No	Approve	THE REVERSE OF T	HIS FORM MUST BE		RCHASES ARE MADE O	R SERVICES SEC		ner classifica	tion optic				
Cash, \$, on, 19, Payee	Approve ByC	THE REVERSE OF T	HIS FORM MUST BE	IFICATION (App	RCHASES ARE MADE O	or SERVICES SEC	own; oth	STAT	INTL	onal)	the United Sta	ites	

Approved For Release 2002/06/10 : CIA-RDP64-00360R000400090051-3

Approved For Release 2002/06/10: CIA-RDP64-00360R000400090051(3 • DATE REPORT NO. DIVISIONAL DETAIL ACCOUNTS PAID JOURNAL DIVISIONAL SUMMARY ACCOUNTS PAID JOURNAL CONSOLIDATED ACCOUNTS PAID DISTRIBUTION COST CENTER PURCHASE ORDER OR INVOICE NUMBER DATE CHECK NUMBER 24148 24148 24282 24282 RECEIVING REPORT NUMBER CHARGE DISTRIBUTION MAJ INT SUB MO DAY YR
250000 04166
25000 004176
25000 0041.76 DISTRIBUTION AMOUNT M.J.O. ACCOUNT s.o. 5 17718 5 17718 5 17744 5 17744 5 12700 5 12700 5 12700 5 12700 5 12700 20626 20625 21836 21837 THOMP PROD THOMP PROD GLIDE EASY GLIDE EASY 5024 5024 5024 5024 8000 1000 14875 31429 64298 64298 (C Approved For Release 2002/06/10 : CIA-RDP64-00360R000400090051-3